

# Are You O.K.?® Field Interview Form

Phone Number: ( ) -	Date Enrolled: / /	Date of Birth: / /	Time to call: : AM PM	Answering Machine: Yes No	ID Number/Code:
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<b>Subscriber Name and Address:</b>	<b>Doctor and Clergy:</b>
First Name Middle Name Last Name	Doctor's Name
Street Address	Doctor's Phone
Building Name Apartment Number	Clergy's Name
City State Zip	Clergy's Phone

<b>In Case of Emergency, Notify:</b>	
First Name Middle Name Last Name	First Name Middle Name Last Name
Street Address	Street Address
City State Zip	City State Zip
Phone Number Cell/Other Phone Number	Phone Number Cell/Other Phone Number

<b>Next of Kin:</b>	
First Name Middle Name Last Name	First Name Middle Name Last Name
Street Address	Street Address
City State Zip	City State Zip
Phone Number Cell/Other Phone Number	Phone Number Cell/Other Phone Number

<b>Keyholders:</b>	
First Name Middle Name Last Name	First Name Middle Name Last Name
Street Address	Street Address
City State Zip	City State Zip
Phone Number Cell/Other Phone Number	Phone Number Cell/Other Phone Number

<b>Key on Premises?</b> Yes No	<b>Location:</b>
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<b>Pets?</b> Yes No	<b>Type and Location:</b>
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<b>Live Alone?</b> Yes No	<b>Co-Residents</b>
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## Medical History

<b>Able to Walk?</b> Yes No	<b>List Physical Impairments:</b>
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**Location of Medical History:**

**Remarks**

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